

Report Year:

2010

11177

Simi Valley Hospital And Health Care Svcs-
Sycamore

Simi Valley

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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

11177

Facility Name:

Simi Valley Hospital And Health Care Svcs-Sycamore

Address:

2975 North Sycamore Drive

City:

Simi Valley

Hospital Owner/Licensee:

Simi Valley Hospital and Health Care Services

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Simi Valley Hospital

Submission Date:

1/19/2011 3:54:11 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Original Building	2975 North Sycamore Drive	Retrofit	SPC2	01/01/2013	12/31/2012
07	Telecom Room	2975 North Sycamore Drive	Remove	N/A	01/01/2013	01/01/2013
12	North Building	2975 North Sycamore Drive	Remove	N/A	01/01/2013	01/01/2013
13	Emerg. Generator No. 3 Enclosure	2975 North Sycamore Drive	Remove	N/A	01/01/2013	01/01/2013

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For each building which is planned for retrofitting or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

Building No:

01

Original Building

Retrofit/Replacement
Project:

Hazus-Planned

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11177	HS013085	0		11/28/2001	09/05/2003	09/09/2003		OPEN	No
11177	SS011867	0		07/23/2001	12/12/2001	12/23/2001		CLSD	No

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 01

Building Name: Original Building

Type of Service Provided
☒ Nursing Inpatient Beds 85 Inpatient Days 13004

☒ IntensiveCare Inpatient Beds 32 Inpatient Days 4607

☒ Pediatric/Adol
escent Inpatient Beds 0 Inpatient Days 395

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☒ Obstetrical Ante/Postprtum Inpatient Beds 27 Inpatient Days 2224

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 144

☐ Surgical☐ Anesthesia☐ Clinical Lab☐ Radiological/
Imaging☒ Pharmaceutical☒ Dietetic☒ Administration☒ Support
Services☒ Obstetrical
Cesarean/Deliv☒ Obstetrical
Recovery☒ Newborn/
WellBaby☐ Emergency☒ Nuclear
Medicine☐ Rehabilitation
Therapy☐ Renal Dialysis☐ Outpatient
Surgery☒ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 07

Building Name: Telecom Room

Type of Service Provided
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/
WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/
Imaging

☐ Nuclear
Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation
Therapy

☐ Administration

☐ Renal Dialysis

☒ Support
Services

☐ Outpatient
Surgery

☐ Obstetrical
Cesarean/Deliv

☐ Central Plant

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Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 12

Building Name: North Building

Type of Service Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	13	Inpatient Days	0
<input type="checkbox"/> IntensiveCare	Inpatient Beds	0	Inpatient Days	0
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	0	Inpatient Days	0
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0
<input type="checkbox"/> Intermediate Care	Inpatient Beds	0	Inpatient Days	0
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	44	Inpatient Days	4076

Total Beds this Building 57

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/ WellBaby
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Administration	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Support Services	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Cesarean/Deliv	

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 13

Building Name: Emerg. Generator No. 3 Enclosure

Type of Service Provided
☐ Nursing Inpatient Beds Inpatient Days
☐ IntensiveCare Inpatient Beds Inpatient Days
☐ Pediatric/Adol
escent Inpatient Beds Inpatient Days
☐ Psychiatric Nursing Inpatient Beds Inpatient Days
☐ Obstetrical Ante/Postprtum Inpatient Beds Inpatient Days
☐ Intermediate Care Inpatient Beds Inpatient Days
☐ Skilled Nursing Inpatient Beds Inpatient Days
Total Beds this Building ☐ Surgical☐ Obstetrical Recovery☐ Anesthesia☐ Newborn/
WellBaby☐ Clinical Lab☐ Emergency☐ Radiological/
Imaging☐ Nuclear
Medicine☐ Pharmaceutical☐ Dietetic☐ Rehabilitation
Therapy☐ Administration☐ Renal Dialysis☐ Support
Services☐ Outpatient
Surgery☐ Obstetrical
Cesarean/Deliv☒ Central Plant

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

01

Building Name:

Original Building

Medical / Surgical (Include GYN)Inpatient
Bed 85Inpatient
Days 1300
4**Acute Respiratory Care**Inpatient
Bed 0Inpatient
Days 0**Acute Psychiatric**Inpatient
Bed 0Inpatient
Days 0**Perinatal (exclude Newborn / GYN)**Inpatient
Bed 27Inpatient
Days 2107**Burn**Inpatient
Bed 0Inpatient
Days 0**Skilled Nursing**Inpatient
Bed 0Inpatient
Days 0**Pediatric**Inpatient
Bed 0Inpatient
Days 0**intensive Care Newborn
Nursery**Inpatient
Bed 0Inpatient
Days 512**Intermediate Card**Inpatient
Bed 0Inpatient
Days 0**Intensive Care**Inpatient
Bed 32Inpatient
Days 4607**Rehabilitation
Center**Inpatient
Bed 0Inpatient
Days 0**Int. Care / development
Disabled**Inpatient
Bed 0Inpatient
Days 0**Coronary Care**Inpatient
Bed 0Inpatient
Days 0**Chemical
Dependency**Inpatient
Bed 0Inpatient
Days 0**Total Beds this
Building Per
Unit**

144

**Total Beds this
Building Per
Service**

144

Report Status: Data Last Update: 01/14/2011

Submission Date: 01/19/2011

Print Date: 1/20/2011 8:38 AM

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

07

Building Name:

Telecom Room

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

12

Building Name:

North Building

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

44

Inpatient
Days

4076

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

13

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

57

**Total Beds this
Building Per
Service**

57

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

13

Building Name:

Emerg. Generator No. 3 Enclosure

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Original Building	<input type="checkbox"/>
04	Main Hospital Building	<input type="checkbox"/>
07	Telecom Room	<input checked="" type="checkbox"/>
08	New Bridge/Elevator & Med. Gas Encl	<input type="checkbox"/>
12	North Building	<input checked="" type="checkbox"/>
13	Emerg. Generator No. 3 Enclosure	<input checked="" type="checkbox"/>

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List ALL proposed new buildings to be constructd at this or another site.

Building
Number

Building Name

New
Site

N_1

New North Building Patient Tower

☐

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

07

Building
Name:

Telecom Room

Year of
Information:

2008

Information Current As
Of:

10/28/2010

Type of Services
Provided

☐ NursingInpatient
Beds

0

☐ IntensiveCareInpatient
Beds

0

☐ Pediatric/Adol
escentInpatient
Beds

0

☐ Psychiatric
NursingInpatient
Beds

0

☐ Obstetrical
Ante/PostprtumInpatient
Beds

0

☐ Intermediate
CareInpatient
Beds

0

☐ Skilled NursingInpatient
Beds

0

Total Beds this
Building

0

☐ Surgical☐ Anesthesia☐ Clinical Lab☐ Radiological/
Imaging☐ Pharmaceutical☐ Dietetic☐ Administration☐ Obstetrical
Cesarean/Deliv☐ Obstetrical
Recovery☐ Newborn/
WellBaby☐ Emergency☐ Nuclear
Medicine☐ Rehabilitation
Therapy☐ Renal Dialysis☐ Outpatient
Surgery☐ Central Plant☒ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

07

Building
Name:

Telecom Room

Year of
Information:

2009

Information Current As
Of:

10/28/2010

Type of Services
Provided

☐ Nursing Inpatient Beds
☐ IntensiveCare Inpatient Beds
☐ Pediatric/Adol
escent Inpatient Beds
☐ Psychiatric
Nursing Inpatient Beds
☐ Obstetrical
Ante/Postprtum Inpatient Beds
☐ Intermediate
Care Inpatient Beds
☐ Skilled Nursing Inpatient Beds

 Total Beds this
Building
☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☒ Support
Services

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Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

07

Building
Name:

Telecom Room

Year of
Information:

2010

Information Current As
Of:

10/28/2010

Type of Services
Provided

☐

Nursing

Inpatient
Beds

0

☐

IntensiveCare

Inpatient
Beds

0

☐Pediatric/Adol
escentInpatient
Beds

0

☐Psychiatric
NursingInpatient
Beds

0

☐Obstetrical
Ante/PostprtumInpatient
Beds

0

☐Intermediate
CareInpatient
Beds

0

☐

Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☒Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

12

Building
Name:

North Building

Year of
Information:

2008

Information Current As
Of:

10/27/2010

Type of Services
Provided

☒

Nursing

Inpatient
Beds

13

☐

IntensiveCare

Inpatient
Beds

0

☐Pediatric/Adol
escentInpatient
Beds

0

☐Psychiatric
NursingInpatient
Beds

0

☐Obstetrical
Ante/PostprtumInpatient
Beds

0

☐Intermediate
CareInpatient
Beds

0

☒

Skilled Nursing

Inpatient
Beds

44

Total Beds this
Building

57

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☒

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☒Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

12

Building
Name:

North Building

Year of
Information:

2009

Information Current As
Of:

10/28/2010

Type of Services
Provided

☒

Nursing

Inpatient
Beds

13

☐

IntensiveCare

Inpatient
Beds

0

☐Pediatric/Adol
escentInpatient
Beds

0

☐Psychiatric
NursingInpatient
Beds

0

☐Obstetrical
Ante/PostprtumInpatient
Beds

0

☐Intermediate
CareInpatient
Beds

0

☒

Skilled Nursing

Inpatient
Beds

44

Total Beds this
Building

57

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☒

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☒Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

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Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

12

Building
Name:

North Building

Year of
Information:

2010

Information Current As
Of:

10/27/2010

Type of Services
Provided

☒

Nursing

Inpatient
Beds

0

☐

IntensiveCare

Inpatient
Beds

0

☐Pediatric/Adol
escentInpatient
Beds

0

☐Psychiatric
NursingInpatient
Beds

0

☐Obstetrical
Ante/PostprtumInpatient
Beds

0

☐Intermediate
CareInpatient
Beds

0

☒

Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☒

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☒Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

13

Building
Name:

Emerg. Generator No. 3 Enclosure

Year of
Information:

2008

Information Current As
Of:Type of Services
Provided☐ NursingInpatient
Beds

0

☐ IntensiveCareInpatient
Beds

0

☐ Pediatric/Adol
escentInpatient
Beds

0

☐ Psychiatric
NursingInpatient
Beds

0

☐ Obstetrical
Ante/PostprtumInpatient
Beds

0

☐ Intermediate
CareInpatient
Beds

0

☐ Skilled NursingInpatient
Beds

0

Total Beds this
Building

0

☐ Surgical☐ Anesthesia☐ Clinical Lab☐ Radiological/
Imaging☐ Pharmaceutical☐ Dietetic☐ Administration☐ Obstetrical
Cesarean/Deliv☐ Obstetrical
Recovery☐ Newborn/
WellBaby☐ Emergency☐ Nuclear
Medicine☐ Rehabilitation
Therapy☐ Renal Dialysis☐ Outpatient
Surgery☒ Central Plant☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

13

Building
Name:

Emerg. Generator No. 3 Enclosure

Year of
Information:

2009

Information Current As
Of:Type of Services
Provided☐ NursingInpatient
Beds

0

☐ IntensiveCareInpatient
Beds

0

☐ Pediatric/Adol
escentInpatient
Beds

0

☐ Psychiatric
NursingInpatient
Beds

0

☐ Obstetrical
Ante/PostprtumInpatient
Beds

0

☐ Intermediate
CareInpatient
Beds

0

☐ Skilled NursingInpatient
Beds

0

Total Beds this
Building

0

☐ Surgical☐ Anesthesia☐ Clinical Lab☐ Radiological/
Imaging☐ Pharmaceutical☐ Dietetic☐ Administration☐ Obstetrical
Cesarean/Deliv☐ Obstetrical
Recovery☐ Newborn/
WellBaby☐ Emergency☐ Nuclear
Medicine☐ Rehabilitation
Therapy☐ Renal Dialysis☐ Outpatient
Surgery☒ Central Plant☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

13

Building
Name:

Emerg. Generator No. 3 Enclosure

Year of
Information:

2010

Information Current As
Of:Type of Services
Provided☐ NursingInpatient
Beds

0

☐ IntensiveCareInpatient
Beds

0

☐ Pediatric/Adol
escentInpatient
Beds

0

☐ Psychiatric
NursingInpatient
Beds

0

☐ Obstetrical
Ante/PostprtumInpatient
Beds

0

☐ Intermediate
CareInpatient
Beds

0

☐ Skilled NursingInpatient
Beds

0

Total Beds this
Building

0

☐ Surgical☐ Anesthesia☐ Clinical Lab☐ Radiological/
Imaging☐ Pharmaceutical☐ Dietetic☐ Administration☐ Obstetrical
Cesarean/Deliv☐ Obstetrical
Recovery☐ Newborn/
WellBaby☐ Emergency☐ Nuclear
Medicine☐ Rehabilitation
Therapy☐ Renal Dialysis☐ Outpatient
Surgery☒ Central Plant☐ Support
Services

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Report whether the general acute care services and beds will be relocated to a new or retrofitted building and any corresponding building sites or project numbers per [Section 130061\(c\)\(2\)\(E\)](#)

Building
Number:

07

Building Name:

Telecom Room

Will general acute care services and beds will be relocated to a new or retrofitted building?

Support Services

Relocated to new building

[New Building](#)[Bed Count](#)[RetroFitted Building](#)[Bed Count](#)[Other SPC2-SPC5 Building](#)[Bed Count](#)

N_1-New North Building Patient
Tower

Building
Number:

12

Building Name:

North Building

Will general acute care services and beds will be relocated to a new or retrofitted building?

Administration

N/A

Building
Number:

12

Building Name:

North Building

Will general acute care services and beds will be relocated to a new or retrofitted building?

Support Services

N/A

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Building
Number:

12

Building Name:

North Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Skilled Nursing

N/A

Building
Number:

13

Building Name:

Emerg. Generator No. 3 Enclosure

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

CentralPlant

N/A

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

01

Building Name:

Original Building

Type of Service Provided

☒

Nursing

☒

IntensiveCare

☒Pediatric/Adol
escent☐Psychiatric
Nursing☒Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☒

Pharmaceutical

☒

Dietetic

☒

Administration

☒Obstetrical
Cesarean/Deliv☒Obstetrical
Recovery☒Newborn/
WellBaby☐

Emergency

☒Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☒

Central Plant

☒Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

07

Building Name:

Telecom Room

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☒Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

12

Building Name:

North Building

Type of Service Provided

☒

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☒

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☒

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☒Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

13

Building Name:

Emerg. Generator No. 3 Enclosure

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☒

Central Plant

☐Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01

Building Name:

Original Building

Configuration
:

Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

Type of Service Provided☒

Nursing

☐

Surgical

☒Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☒

IntensiveCare

☐

Anesthesia

☒Obstetrical
Recovery☐

Renal Dialysis

☒Pediatric/Adol
escent☐

Clinical Lab

☒Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☒

Central Plant

☒Obstetrical
Ante/Postprtum☒

Pharmaceutical

☒

Nuclear Medicine

☒Support
Services☐Intermediate
Care☒

Dietetic

☐

Skilled Nursing

☒

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

04

Building Name:

Main Hospital Building

Configuration
:

Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided☐

Nursing

☒

Surgical

☒Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☒

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☒

Clinical Lab

☐Newborn/
WellBaby☒Outpatient
Surgery☐Psychiatric
Nursing☒Radiological/
Imaging☐

Pharmaceutical

☒

Emergency

☒

Central Plant

☐Obstetrical
Ante/Postpartum☐

Dietetic

☐

Nuclear Medicine

☒Support
Services☐Intermediate
Care☒

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

07

Building Name:

Telecom Room

Configuration
:

Remove from GAC service by 1/1/2013

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☒Support
Services☐Intermediate
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

08

Building Name:

New Bridge/Elevator & Med. Gas Encl

Configuration
:

Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Pharmaceutical

☐

Emergency

☒

Central Plant

☐Obstetrical
Ante/Postpartum☐

Dietetic

☐

Nuclear Medicine

☒Support
Services☐Intermediate
Care☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

12

Building Name:

North Building

Configuration
:

Remove from GAC service by 1/1/2013

Type of Service Provided☒

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☒Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Nuclear Medicine

☐Support
Services☒

Skilled Nursing

☒

Administration

☐

Nuclear Medicine

☐Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

13

Building Name:

Emerg. Generator No. 3 Enclosure

Configuration

:

Remove from GAC service by 1/1/2013

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☒Support
Services☐Intermediate
Care☐

Dietetic

☐

Nuclear Medicine

☐Support
Services☐

Skilled Nursing

☐

Administration

☐

Nuclear Medicine

☐Support
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 04

Building Name: Main Hospital Building

Type of Service Provided
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric
Nursing Inpatient Beds 0

☐ Obstetrical
Ante/Postprtum Inpatient Beds 0

☐ Intermediate
Care Inpatient Beds 0

☐ Skilled Nursing
Inpatient Beds 0

 Total Beds this
Building 0

☒ Surgical

☒ Anesthesia

☒ Clinical Lab

☒ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☒ Administration

☒ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☒ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☒ Outpatient
Surgery

☒ Central Plant

☒ Support
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 08

Building Name:

New Bridge/Elevator & Med. Gas Encl

Type of Service Provided
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric
Nursing Inpatient Beds 0

☐ Obstetrical
Ante/Postprtum Inpatient Beds 0

☐ Intermediate
Care Inpatient Beds 0

☐ Skilled Nursing
Inpatient Beds 0

 Total Beds this
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☒ Central Plant

☒ Support
Services

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

04

Building Name:

Main Hospital Building

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

08

Building Name:

New Bridge/Elevator & Med. Gas Encl

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0